

Senate Bill No. 1356

Passed the Senate August 23, 2006

Secretary of the Senate

Passed the Assembly August 21, 2006

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2006, at _____ o'clock ____M.

Private Secretary of the Governor

Second enrollment

CHAPTER _____

An act to amend Section 4098 of, and to add Section 4098.6 to, the Welfare and Institutions Code, relating to suicide prevention.

LEGISLATIVE COUNSEL'S DIGEST

SB 1356, Lowenthal. Suicide prevention.

Existing law, the California Suicide Prevention Act of 2000, authorizes the State Department of Mental Health to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.

Existing law, the Mental Health Services Act, was approved by the voters in November 2004 as Proposition 63, an initiative measure. Under the act, the State Department of Mental Health is required, among other things, to distribute funds for local assistance for designated mental health programs.

This bill would establish the California Suicide Prevention Act of 2006, and would require, by May 1, 2008, the State Department of Mental Health, in consultation with specified state departments, to adopt and distribute a statewide strategic suicide prevention plan that incorporates, to the extent appropriate and feasible, the strategic plan developed by the Suicide Prevention Advocacy Network-California and guidelines to counties and local mental health departments to consider for Proposition 63 funding.

This bill would make revisions to legislative findings and declarations in existing law regarding the suicide problem in California.

The people of the State of California do enact as follows:

SECTION 1. Section 4098 of the Welfare and Institutions Code is amended to read:

4098. The Legislature finds and declares all of the following:

(a) The Surgeon General of the United States has described suicide prevention as a serious public health priority, and has

called upon each state to develop a statewide comprehensive suicide prevention strategy using a public health approach. Suicide now ranks eighth among causes of death.

(b) In 2003, 3,389 Californians lost their lives to suicide, an average of over nine California residents per day. It is estimated that there are between 75,000 and 100,000 suicide attempts in California every year. Eleven percent of all suicides in the nation take place in California.

(c) Among older adults, suicide rates are increasing, making suicide the leading fatal injury among the elderly population in California. In California, the rate of completed suicide among adults 75 years of age or older is over twice the rate of other age groups. As the proportion of California's population age 75 years and over increases, the number of suicides among persons in this age group will also increase unless an effective suicide prevention strategy is implemented.

(d) Adolescents are far more likely to attempt suicide than other age groups in California. Data indicate that there are 100 attempts for every adolescent suicide completed. In 2003, 198 California youths under the age of 21 years died by suicide. Using this estimate, there were likely more than 20,000 suicide attempts made by California adolescents, or approximately 20 percent of all the estimated suicide attempts that occurred in California.

(e) Of all of the violent deaths associated with schools nationwide since 1992, 14 percent were suicides.

(f) Suicide is the third leading cause of death for youth between the ages of 15 to 24 years. While the death rates for unintentional injuries decreased by more than 40 percent between 1979 and 1996, the death rates for homicide and suicide increased for youth. Evidence is growing in terms of the links between suicide and other forms of violence. This provides compelling reasons for broadening the state's scope in identifying risk factors for self-harmful behavior. The number of estimated youth suicide attempts; and the growing concerns of youth violence can best be addressed through the implementation of successful gatekeeper training programs to identify and refer youth at risk for self-harmful behavior.

(g) The American Association of Suicidology (AAS) conservatively estimates that the lives of at least six persons

related to or connected to individuals who attempt or complete suicide are impacted. Using these estimates, in 2003, more than 600,000 Californians struggled to cope with the impact of suicide.

(h) Decreases in alcohol and drug abuse, as well as decreases in access to lethal means, significantly reduce the number of suicides.

(i) Actual incidences of suicide attempts are expected to be higher than reported because attempts not requiring medical attention are less likely to be reported. The underreporting of suicide completion is also likely since suicide classification involves conclusions regarding the intent of the deceased. The stigma associated with suicide is also likely to contribute to underreporting.

(j) Without interagency collaboration and support for proven, community-based, culturally competent suicide prevention and intervention programs, the incidence of occurrences of suicide is likely to increase.

(k) Emerging data on rates of suicide based on gender, ethnicity, age, and geographic areas demand a new strategy that responds to the needs of a diverse population.

(l) The United States Surgeon General has recommended that each state develop a statewide comprehensive suicide prevention strategy.

SEC. 2. Section 4098.6 is added to the Welfare and Institutions Code, to read:

4098.6. (a) This section shall be known and may be cited as the California Suicide Prevention Act of 2006.

(b) On or before May 1, 2008, the department shall, in consultation with representatives of the State Department of Health Services, State Department of Alcohol and Drug Programs, State Department of Social Services, State Department of Education, the California Department of Aging, the Corrections Standards Authority, the California National Guard, the Department of the Youth Authority, and representatives of county mental health and health departments and local law enforcement, adopt and distribute a statewide strategic plan which shall incorporate, to the extent appropriate and feasible, the strategic plan developed by the Suicide Prevention Advocacy Network-California. The department shall provide guidelines to

counties and local mental health departments to consider for Proposition 63 funding. The department shall also develop and use the guidelines as a model for existing and future programs on suicide prevention. The department may use consultant services for this purpose.

(c) The department shall, when adopting the statewide strategic plan, consider the goals and objectives of the United States Surgeon General's National Strategy for Suicide Prevention and the strategic plan developed by the Suicide Prevention Advocacy Network-California.

(d) The department may, in the adoption of a statewide strategic plan, review the missions, as provided in statute, of major state mental health, health, aging, and school mental health programs and recommend, as necessary and appropriate, statutory changes to include suicide prevention in the mission statement of those programs.

Approved _____, 2006

Governor